

Phone: _____
Fax: _____

LOCUST GROVE CITY HALL
P.O. Box 900 Locust Grove, GA 30248-0900
Telephone: (770)957-5043 Fax (770-954-1223

Hold File Date: _____
Initials: _____
Payment Date _____
Initials: _____

APPLICATION FOR OCCUPATION TAX FOR CALENDAR YEAR 20_____.

TYPE OF APPLICATION: NEW _____ RENEWAL _____ AMENDED _____
APPLICATION FOR: COMMERCIAL LOCATION _____ HOME OCCUPATION _____

BUSINESS OR CORPORATION NAME: _____

BUSINESS PHONE: _____
FAX _____

BUSINESS LOCATION: _____ SUITE # _____
CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

BUSINESS OWNER: _____ TITLE: _____

HOME ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ DRIVERS LICENSE #: _____ STATE: _____
DESCRIPTION OF BUSINESS: _____

FEDERAL OR STATE LICENSE # _____
IF NO FEDERAL ID, THEN SS# NEEDED: _____

YOU MUST ATTACH A COPY OF CURRENT FEDERAL OR STATE LICENSE APPLICABLE TO BUSINESS TYPE

OFFICE USE ONLY

SIC #: _____ OPENING DATE: _____ ADMINISTRATIVE FEE: _____

REGULATORY FEE: _____ OCCUPATIONAL FEE: _____ TOTAL: _____

I hereby make application for an occupational tax certificate to conduct the above described business in Locust Grove City Limits. I understand that prior to issuance of said certificate all applicable requirements of Federal State, and/of county agencies, statutes and/of ordinances have been met and payment of the prescribed fees is received. I _____
do solemnly swear, subject to criminal penalties for false swearing, that the information in this application is true and no false or fraudulent information is made herein to procure the granting of this certificate.

Signature of applicant: _____ Title _____ Date _____

Property Zoned	Approved/Denied Zoning
Approved/Denied Director	Approved/Denied Fire Marshall
Approved/Denied CBI	Approved/Denied Environmental Health
Approved/Denied Police	Approved/Denied Other

Prepared By _____ Date: _____